

Not every public health disaster can be described in numbers.



A note from the filmmaker:

Thank you for your interest in our film! *They Go to Die* is a combined effort from a variety of dedicated researchers, artists, advocates, and filmmakers seeking to change the face of the TB/HIV epidemic in southern Africa, as well as address serious violations of human rights in South Africa's gold mining industry. Despite its forbidding topic, the **film seeks to create an emotionally positive experience** that allows viewers to bond with the characters and draw their own conclusions based on the information and personal journeys that the film conveys.

The film has finished the production/shooting phase, and now all that's left to do is complete post-production! With your support, we will be able to complete post-production and offer the film to a wide public audience, placing this issue directly in the hands and tongues of civil society and policymakers.

We are excited to build a network of TB, M(X)DR-TB, HIV, and human rights organizations, as well as motivated individuals in order to increase awareness, promote access to essential medicines, secure financial stability for completion of the project, and most importantly, translate our research into change. Like any global health movement, these goals are only possible by acting in concert with dedicated individuals and organizations. We hope that you agree with us, and we invite you to support this novel approach to overcoming these devastating epidemics.

Sincerely,

Jonathan Smith

They Go to Die - Director | Epidemiologist jonathan.smith@teygotodie-movie.com



Film synopsis

They Go to Die is a feature length documentary-in-progress investigating the life of four former migrant gold mineworkers in southern Africa who have contracted drug-resistant tuberculosis (TB) and HIV while working at the gold mine, and one American graduate student's journey to discover the true extent of the TB/HIV epidemic. When the miners fail to improve their TB status at the mining hospital, they are sent home to rural areas of South Africa with no continuation of care or means for treatment. This practice is commonly referred to as "sending them home to die" by leading health officials. However, it is still allowed under South African legislation.

The film is a real-life account of an American graduate student (Smith) as he learns of the devastating impact South African mining industry has on the TB/HIV epidemic, and the blatant human rights violations that these workers face. As he sorts through a century of documented research on the issue, he comes to the sober realization that any further research on the issue will fail to enact change. Thus he begins his quest to find the mineworkers affected by this process. Initially only driven by the data that highlights the importance of this issue, he travels to rural southern Africa to live ethnographically with four ex-miners and their families. However, once he embarks on this journey he quickly discovers that their lives are more complex than simply 'numbers' that fill the pages of an academic journal. As the film develops the never-before-seen lives of these miners, the viewer is made aware of the challenges that each miner faces in health and family life and witnesses Smith's personal change as he overcomes cultural differences to create a personal bond with the men and their families. Despite this revolution, the film ends with the reality of the health situation of these men, and brings to life the gripping reality and importance of lack of access to essential medicines.

TB in the South African gold mining industry

A brief epidemiological report

South African gold mine workers face the highest rates of TB in the world. At up to 7,000 cases per 100,000 population, the gold mining industry experiences rates of disease 28 times a declared TB emergency by the WHO, and an astonishing 1,400 times TB rates in western countries.

This is because mineworkers are exposed to both silica dust and some of the highest rates of HIV in the world, up to 70% in some mining areas. Because silica dust and HIV attack the immune system in a similar way, the combination of these two elements increases the risk of TB multiplicatively, not additively. Meaning an HIV+ mineworker exposed to silica dust can face up to 15 times the risk of active TB infection compared someone in the general population.

Unfortunately, this is not where the story ends – in fact, far from it. Over 90% of the miners are migrant, and once they contract TB, legal loopholes allow them to be sent home with little or no continuation of care or referral. They return to their families and communities while being highly infectious and with little access to essential medicines. This practice is often referred to as, "sending them home to die" by leading health officials.



The Importance of gold mining in southern Africa's general TB epidemic

Today in South Africa, thousands of men migrate to and from the mines from rural areas of South Africa and surrounding countries. In Lesotho alone, over 50,000 men migrate to the South African mines each year; 60% of these men travel home at least once a month. As a result of this circular migration, an estimated **760,000 cases of incident tuberculosis** in the general population of sub-Saharan Africa is directly attributable to the mining industry, 165% cases more than the entire country of South Africa has each year.

Aside from HIV, the South African gold mining industry is the largest driver of the TB epidemic in southern Africa. And that statistic, by default, is only in term of the reported epidemic. Countless men are never even captured by the public health system. In rural settings, individuals have a significant lack of healthcare and are unable to obtain critical medicines needed to treat and cure these diseases.

As far as drug resistance is concerned, the interruption of treatment when the miners return home directly leads to the to the development of drug resistant TB (DR-TB). In a recent cross sectional study, 18% of South African gold mine workers infected with TB had acquired drug resistance, and another 9% had contracted DR-TB as a primary infection. Moreover, 25% of DR-TB cases in Lesotho were among former mine workers in South African mines. When these miners travel home they pose a high risk of transmission in communities that severely lack the diagnostic capability to detect and treat not only TB, but particularly DR-TB.

Why a documentary film?

We are making this film simply because there is no need to traditionally further investigate this century old situation; mineworkers are "used as guinea pigs" according to researchers. There are countless journal articles highlighting the HIV, TB, and other health incidence and prevalence are increased among these South African gold miners. But where is the emergency? Where is the action? Given the history of this subject, there is little reason to believe that traditional research will translate into any action.

"What is the point of public health research if there is no public health benefit? We, as researchers, have an ethical obligation to not simply perform epidemiological research, but advocate a positive change in our research population...

...to conduct research without the intention of betterment within that population makes a mockery of our public health researches."

Director Jonathan Smith addressing the Yale School of Public Health (2011)

As far back as 1903, South Africa's Milner Commission Report stated that, "The extent to which miner's [TB] prevails at the present time is so great, that preventative measures are an urgent necessity... and that such a large number of suffers in our midst is a matter of keen regret." Skipping forward over a century, the Leon Commission Report states in 1996, "The failure to control TB in the mining industry is a matter of grave concern." However, even with this historical narrative of public health outcry, in 2011 the South African Department of Health indicates that the South African mining industry has the highest rates of TB anywhere in the world by far: three times higher than the highest burdened countries. Because of this, new approaches to this topic must be looked at.



Creating a cathartic experience

Simply portraying an epidemic through the lens of a camera has been done before and continues to have limited effectiveness, even when those affected are the ones speaking about the disease and telling their personal stories.

But if we turn an epidemic into an emotion, then we motivate change.

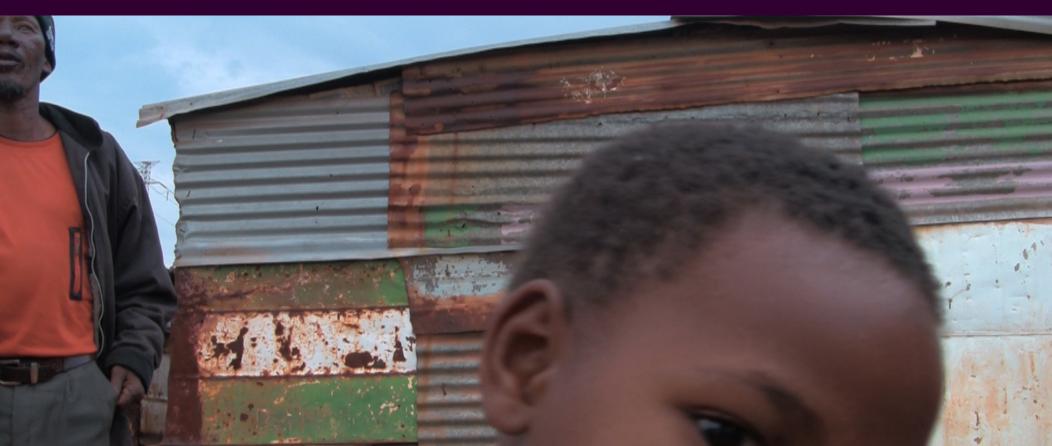
They Go to Die takes a different approach and explores the epidemics in the broader context of human life, instead of through only a narrow context of their disease. We portray the life of the individual as a whole, not solely the disease by which they are affected. We surface issues of health, human rights, and legal issues in the form of human relationships. In doing so, our film creates both a cathartic and educational experience.

"They Go to Die raises concerns of TB, HIV, and human rights violations in South Africa's mining industry through the prism of life, love, and family. Unlike traditional films, it focuses on relationships and bonding, not simply disease. It is a film that transcends culture and paints a portrait of common humanity."

Viewer Comment (from rough-cut screening)

"The strength of [the film] is that it doesn't focus on disease and death, but rather the **lives** that TB and HIV take away."

Viewer Comment (from rough-cut screening)





Who is the audience?

They Go to Die is aimed at both a broad, general audience and policymakers in the academic realm. Weaving in the complex stories of multiple dynamic characters in the film, adding compelling aesthetics, and conveying emotional storylines afford it the opportunity to appeal to both domestic (U.S.) and international aeneral audiences. The advantage of They Go to Die over other films is that it additionally possesses valid academic credibility: originally Smith's graduate thesis for Yale University's School of Public Health, it maintains its academic rigor. This allows the film to be a valuable learning tool in the academic realm, as well as cater to a general audience.

How will this film bring change?

Make academic scholarship and findings more accessible to the public

Bring relevant, lived experience to academic discourse

Raise awareness and promote dialogue within the academic sector and the general public

Motivate change by placing accountability on all sectors involved



"I commend Mr. Smith for taking this on. It is time public health, specifically global health, go beyond the pages of a journal."

Senior Epidemiologist, Yale School of Medicine

"The strength of this project is that it began completely self-funded, self-motivated, and self-organized... it shows the potential that public health research has if we all cared as much about our research subjects."

Physician, Harvard School of Medicine

"Until now, I've never encountered a research project that **inspired me** to go home and tell my family about!"

Associate Dean of Yale School of Public Health

Supporting the project

Though there is no set requirement, if you are interested in supporting the film we ask for a minimum contribution of US\$5,000 to the post-production budget and completion of the film. The film is **absolutely not-for-profit** and, while funds are required for creation of any film, we have worked diligently to create a bare-minimum budget of US\$65,000 – 1/10th of the cost of most documentaries of this caliber, but will still achieve the same results as large budget films. All funds will be used specifically for the purposes below.

To date and with no outside funding, They Go to Die has already garnered substantial attention, winning the distinguished Lowell S. Levin award for Excellence in Global Health from Yale University and attracting the attention of multiple global health and human rights organizations. Additionally, multiple legal firms—including U.S. based firms—are requesting our assistance in representing mineworkers in ongoing class-action civil litigation. This is directly due to the awareness created by the film; undistributed as a rough cut, the film has already stimulated valuable action – something over 100 years of research has failed to achieve. By completing professional production of the film and securing means of sustainable distribution, we hold the potential to create a substantial change in this epidemic and cease the human rights violations associated with sending these men home to die.

Music Composition, scoring, and related costs:	\$20,000	Motion graphics, illustration, color design:	\$12,000
Translation, transcription, and check for accuracy:	\$4,000	Production team expenses:	\$6,000
Legal fees, copyrights, and other legal costs:	\$5,000	Travel (Meetings, screenings, etc):	\$4,000
Required editing equipment, software, etc:	\$6,000	Website design, maintenance, etc.	\$8,000

Total: \$65,000

A personal message from Director Jonathan Smith

DVD Insert

If this document was delivered electronically, please visit the link below to view the message

www.youtube.com/watch?v=-A-chpwhVmU



If you are interested in partnering with the project:

Please contact director and primary investigator Jonathan Smith to continue the discussion on this crucial epidemic.

Jonathan Smith, Director | Epidemiologist Email: jonathan.smith@theygotodie-movie.com Phone: 706.402.6297

WWW.THEYGOTODIE.COM WWW.THEYGOTODIE-MOVIE.COM

They Go to Die: Main production team biographies



Jonathan Smith Writer, Director

www.theygotodie.com

Jonathan filmed, edited, and is director of the documentary *They Go to Die*. He earned his Master's of Public Health at Yale University with dual concentrations in Global Health Epidemiology and Epidemiology of Microbial Diseases. Due to his extensive work as an ethnographic researcher, he was awarded the Yale University GHLI Field Experience Award in 2010 and the distinguished Lowell S. Levin Award for Excellence in Global Health from Yale University in 2011. Vested in issues where human rights affect the course of disease, he has been invited to speak on the intersection of health and human rights at numerous universities, conferences, and organizations both domestically and internationally. He has lived, worked, and researched ethnographically in a number of unique settings, ranging from obscure Andean Quechua villages to urban Jamaican slums. He is founder and director of the Visual Ethnography Project at Yale University.



Jim Hanon Story consultant

www.jimhanon.com www.minusred.com

Jim is an award-winning filmmaker best known for directing *End of the Spear*. The film debuted in the top ten theatrical grossing films during its opening weekend. Writing and directing credits also include *Miss HIV* (2008), filmed throughout Africa, *Little Town of Bethlehem* (2010) filmed in the West Bank and surrounding area, and *The Grandfathers* (2011) filmed in the Amazon Basin of Ecuador. Jim made his first career in advertising and was Vice president at Leo Burnett in Chicago. Other positions include Head of Story for Every Tribe Entertainment, and President and Chief Creative Officer of EGM Films. Jim is now creating motion pictures and motion novels through partnerships as well as his own production company Minus Red.



Valarie Kaur Film advisor

www.valariekaur.com

Valarie is an award-winning filmmaker, writer, advocate, and public speaker. She uses strategic storytelling to advance social action campaigns on racial justice, immigration reform, religious pluralism, and gender equality. Her critically acclaimed documentary film *Divided We Fall* (2008) on hate crimes after September 11th has inspired national grassroots dialogue, including the *Common Ground Campaign* and *Groundswell*. She has been invited to speak on her work in over 150 U.S. cities and media outlets such as CNN, NPR, The New York Times, and the BBC. Valarie earned bachelors degrees in Religion and International relations at Stanford University, a Masters in Theological Studies at Harvard Divinity School, and is approaching graduation from Yale Law School, where she also teaches visual advocacy as director of the Yale Visual Law Project.



Sharat Raju Film advisor

www.sharatraju.com

Sharat has earned a reputation for creating films that have explored the intersections of race, identity, spirituality and violence. His first two films American Made (2004) and Divided We Fall (2008) confronted divisions in post-9/11 America through accessible characters and personal stories. Sharat graduated in 2003 from the American Film Institute Conservatory with an MFA in directing, where his thesis film, American Made, earned both of the top two awards from AFI before it went on to win a total of seventeen awards at nearly forty film festivals around the world. He is a US delegate at INPUT – an international conference of public television producers and filmmakers held in Switzerland. In addition to his work as a writer-director-producer, Sharat has numerous feature film credits, including casting on Matrix Reloaded, Matrix Revolutions, and 8 Mile.

"Welcome to the Mines" Award winning poetry written & performed by poet Clint Smith for the documentary film, They Go to Die

See the performance at www.theyaotodie.com/performers-in-the-film/clint-smith/

Do you know what it feels like to have a machete taken to your lungs? To hold a drill in your hand for so long you forget it's not a part of your body? To work in a place where light at the end of the tunnel, is more than just a figure of speech?

Welcome to the mines.

Where men work so far underground that sunlight is manufactured from headlamps and golden soot.

Where the sounds of breaking bodies are drowned beneath a cacophony of hallowed coughs and hammers.

Where disease, festers in the air as if the earth were holding a grudge against mankind for failing to keep her secrets.

In the South African gold mines, the reality of tuberculosis can make every breath feel like a death sentence.

The toxic dust from million year-old rocks like a swarm of dancing landmines along the walls of your ribcage. A bombardment of bacteria crawling through your throat.

Tsunamis of silicosis and sweat crashing against shores of black backs So why would anyone subject themselves like a crystalline whip—

So these men, with cobblestone skin, iackhammer hearts and jawbones clenched like redemption— Expose themselves

to a world of disease and degradation unlike anywhere else on earth.

How ironic, that the industry responsible for the success of South Africa's economy, is also culpable for a pandemic wiping out thousands of its people.

indifference.

Where executives unwilling to part ways

with a pocket change percentage of

their profits,

enable illness to run rampant

in a community they're supposed to

protect.

With golden clocks that hang in their offices like stolen halos they refuse to provide real care for the very people who created their wealth.

to this?

But what choice does a man have when he has to feed his family? When jobs are as scarce as roses on a crumbling battlefield. When he knows his wife and children can't survive off of unfulfilled promises.

So he puts on his hard hat, turns on his light, and marches miles beneath the earth amonast flocks of brown faces. With no choice but to pummel his heart against the walls of this mine as if he were searching for his dignity.

These are the consequences of corporate And when miners are deemed too sick to work.

> they are simply sent home, Like disposable human tools that have lost the sharpness of their edges.

With tuberculosis and HIV cascading in a spiral-bound pirouette through their bloodstream.

Fathers falling into the eyes of their children. praying they wont succumb to the same

fate. Lying on deathbeds made of debris lost

hope

Screaming, at the top of their lacerated lunas.

Ngiya gula!

Ngi khatele! Naiya fa!

I am sick.

I am tired.

I am dying.

Imagine your father, choking on the inevitabilities of his past. Your mother, left widowed by the misfortune of other people's apathy. Your brothers and sisters, settling for a future they feel is inescapable.

How much longer can we stand by while generations of black men are cycled

through a system that treats them like dirt.

How much longer, can we watch them, simply sent home to die?

Current **Supporters**

Yale Global Health Leadership Institute

Strengthening capacity to ensure equity in health for all



(ale School of Public Health







Yale Global Health Initiative

"They Go to Die raises concerns of TB, HIV, and human rights violations in South Africa's mining industry through the prism of life, love, and family. Unlike traditional films, it focuses on relationships and bonding, not simply disease. It is a film that transcends culture and paints a portrait of common humanity."

Viewer Response, Rough-Cut Screening (June 2011)

Important research findings on TB, HIV, and gold mining in South Africa

- 1 in 3 mineworkers will become HIV+ positive within 18 months of working on the mine.
- The incidence rate in the S.A. gold mining community is 28 times a declared emergency by the WHO.
- Deaths from TB outnumber any other cause of death at the gold mine, including accidents.
- HIV+ mineworkers with TB have an 83% case fatality rate if left untreated.
- 90% of miners are migrant workers and travel home at least once a month, fostering the spread of disease to rural communities that have no access to healthcare.
- Mineworkers are directly responsible for over 760,000 incident cases of TB in southern Africa each year almost twice the number of all new
 cases per year in all of South Africa.
- 25% of known DR-TB in Lesotho is in former S.A. gold mine workers
- TB and silicosis in the mines has been not only known about, but also deemed one of the largest threats to public health since 1902 well over a century ago.
- Only 400 out of 28,000 mineworkers were given compensation for their occupational lung disease meaning 98.6% did not receive it.

Quotes from leading health officials in They Go to Die

"If TB and HIV were a snake, the head would be in South Africa. I have said that before and I am going to repeat it to the mining sector. Because part of that – why the head of the snake is in South Africa – is that mineworkers, they come from the whole sub-region, and they come to our mines to fetch TB and HIV and export it, to take it back home. We are exporting TB and HIV"

Dr. Aaron Motsoaledi, Minister of Health (South Africa)

"You can in fact look upon this as a river of disease flowing back to the homelands of these men. And if you watched the USA saga of the man with drug-resistant TB who went all over the world [Andrew Speaker, 2007], you took stringent measures to trace the contacts, to follow him up, to make sure he didn't spread it any further, etc. Our logistics are not one person; our logistics are thousands. That is a logistics problem of considerable dimension."

Dr. Tony Davies, National Institute for Occupational Health (South Africa)

"Here you have this situation coming together where you have rates of TB in the mining industry that are the highest that have ever been described anywhere in the world. When one looks at these very high rates of disease, one says, "This is absolutely shocking, how has this situation come about, and how seriously are we taking it?" Where are the national commissions? Why isn't there mass movement in the streets about this?"

Dr. Jill Murray, Head of Pathology, NIOH (South Africa)

The Strength of Research + The Power of Humanity = Change

Find out more at <u>www.theygotodie.com</u>